

Name
in
Full

Alfred Anderson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Brooklyn		County aa		MARYLAND	
Date of death	190	5	Month 2	Day 4	Age	Years	Months 1
Sex	male		Color or Race	white		Birth- place	md
Occupation			Where Residing if not at place of death				
Married, Single or Widowed		Single		Name of Wife or Husband			
Father's Name		Chas W. Anderson				Father's Birthplace	
Mother's Maiden Name		Addie M Skarmader				Mother's Birthplace	
Name of person giving In formation		Fathan				How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Premature & Protracted Labor	How long	24 hrs
Immediate		How long	151
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Address Brooklyn	
Accident or Suicide?			



Name
in
Full

Rosie Baden

CERTIFICATE OF DEATH

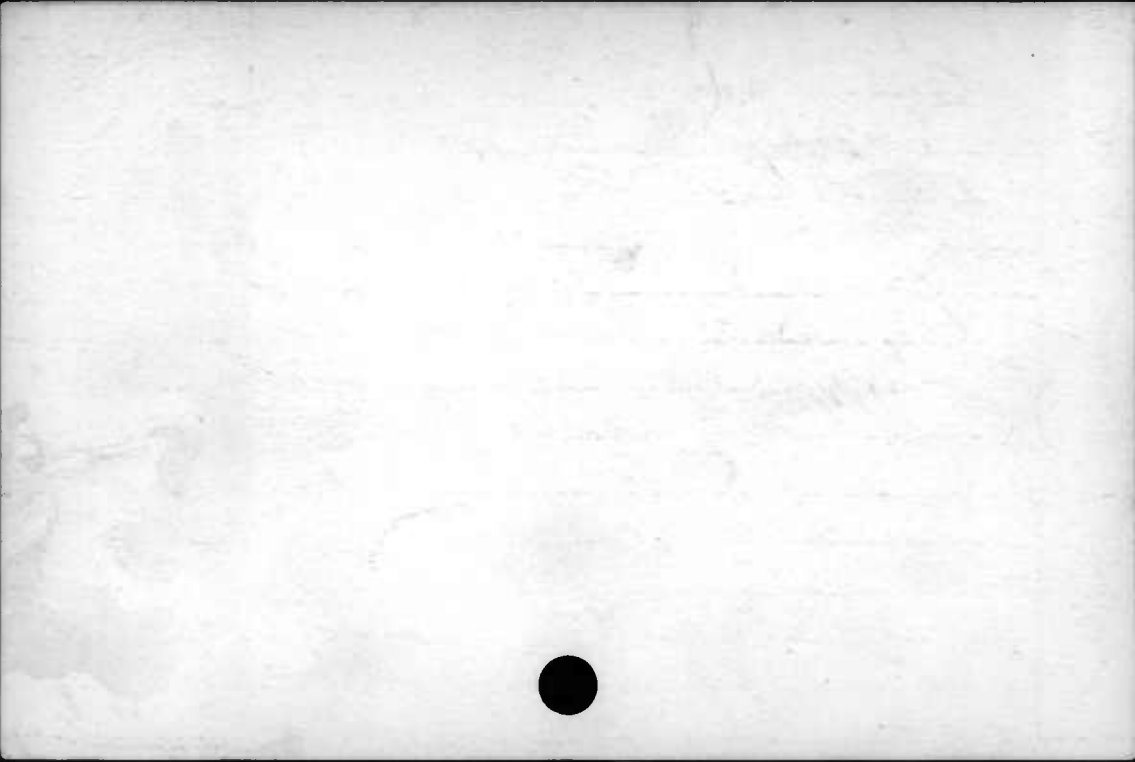
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1905		February	28	Age 11			
Sex	Female	Color or Race	Colored	Birth-place	A.A. Co.		
Occupation				Where Residing if not at place of death	137 N. 1st St.		
Married, Single or Widowed	Single			Name of Wife or Husband			
Father's Name	Augustus Baden				Father's Birthplace	A.A. Co.	
Mother's Maiden Name	Lillian L. L. L.				Mother's Birthplace	A.A. Co.	
Name of person giving information	Augustus Baden				How related to deceased	Faint	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Tuberculosis	How long	Several months
Immediate	Asthenia	How long	
Are the name, age, sex, color, date and place correctly given above?		as far as I am aware	
Signature of Physician		J. H. Thompson M.D.	
Address		Annapolis Md.	
Accident or Suicide?			



Name in Full		Basil				CERTIFICATE OF DEATH					
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town Annapolis		County		MARYLAND			
		Date of death		1905	Month 2	Day 20	Age	Years	Months	Days	
		Sex		Male		Color or Race		White		Birth- place	
		Occupation				Where Residing if not at place of death					
		Married, Single or Widowed				Name of Wife or Husband					
		Father's Name		John T. Basil				Father's Birthplace		Annapolis	
		Mother's Maiden Name		Elizabeth P. McNew				Mother's Birthplace		11	
Name of person giving In formation		John T. Basil				How related to deceased		Father			
CAUSES OF DEATH											
PHYSICIAN OR CORONER		Primary		Premature Birth				How long		15 min	
		Immediate						How long		30 minutes	
		Are the name, age, sex, color, date and place correctly given above?		yes.		Signature of Physician		H. Clement Claude, M.D.			
						Address		954 John St. Annapolis Md			
		Accident or Suicide?									



Name
in
Full

Samuel Westley Battle Jr

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} Annapolis^{County} Anne Arundel

Date

of death

1905

Month

February

Day

19

Age

21

Years

Months

3

Days

8

Sex

Male

Color or
Race

White

Birth-
place

Salem, N.C.

Occupation

Midshipman U.S.N.

Where Residing if not
at place of death

Asheville, N.C.

Married, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

S. W. Battle

Father's
Birthplace

Asheville, N.C.

Mother's
Maiden Name

Not Known

Mother's
Birthplace

Not Known

Name of person giving
InformationHow related
to deceased

Father

CAUSES OF DEATH

Primary

Inflammation of Brain

60

How long

Unknown

Immediate

Heart failure

How long

Immediate

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Edward E. Ames, M.D., Super

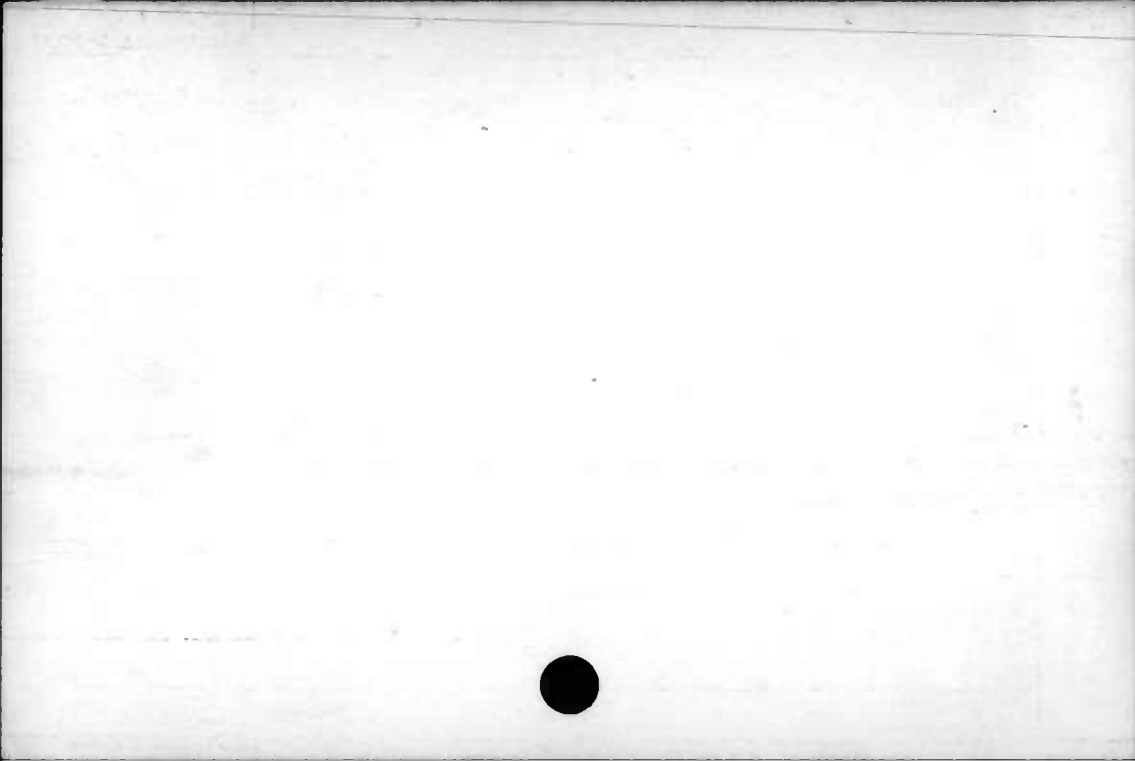
Address

Royal Academy, Annapolis

Maryland -

Accident or Suicide?

~~Accident or Suicide?~~



Name
in
Full

Thomas Edward Boom

CERTIFICATE OF DEATH

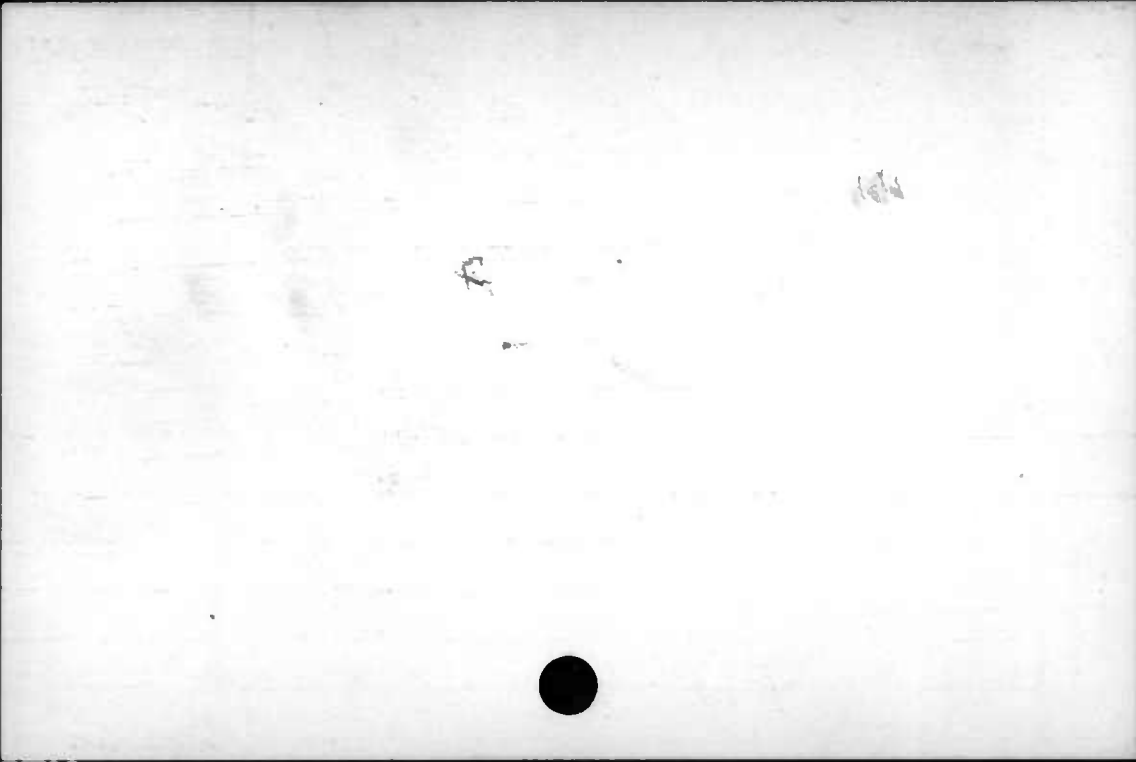
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND				
Date of death		1905	Month	Feb.	Day	18	Age	Years	Months	Days
Sex		male		Color or Race		Colored		Birth-place		
Occupation		—		Where Residing if not at place of death		—				
Married, Single or Widowed		—		Name of Wife or Husband		—				
Father's Name		William Boom		Father's Birthplace		Anne Arundel				
Mother's Maiden Name		Emma Donald		Mother's Birthplace		" "				
Name of person giving information		William Boom		How related to deceased		father				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Asephyxia	How long	8
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		MacLure Carroll W.D.	
Address		West River	
		Md.	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Annapolis</i>		County <i>Anne Arundel</i>		MARYLAND	
Date of death	1905	Month	Feb	Day	21st
Age		16		Years	
Sex	male		Color or Race	white	
Birth-place	Bonham, Texas				
Occupation	Student		Where Residing if not at place of death		
Married, Single or Widowed		Single			
Name of Wife or Husband					
Father's Name	Wm Bramlette			Father's Birthplace	Texas
Mother's Maiden Name	Mrs. Bramlette			Mother's Birthplace	Texas
Name of person giving information	J. M. McCrary			How related to deceased	none

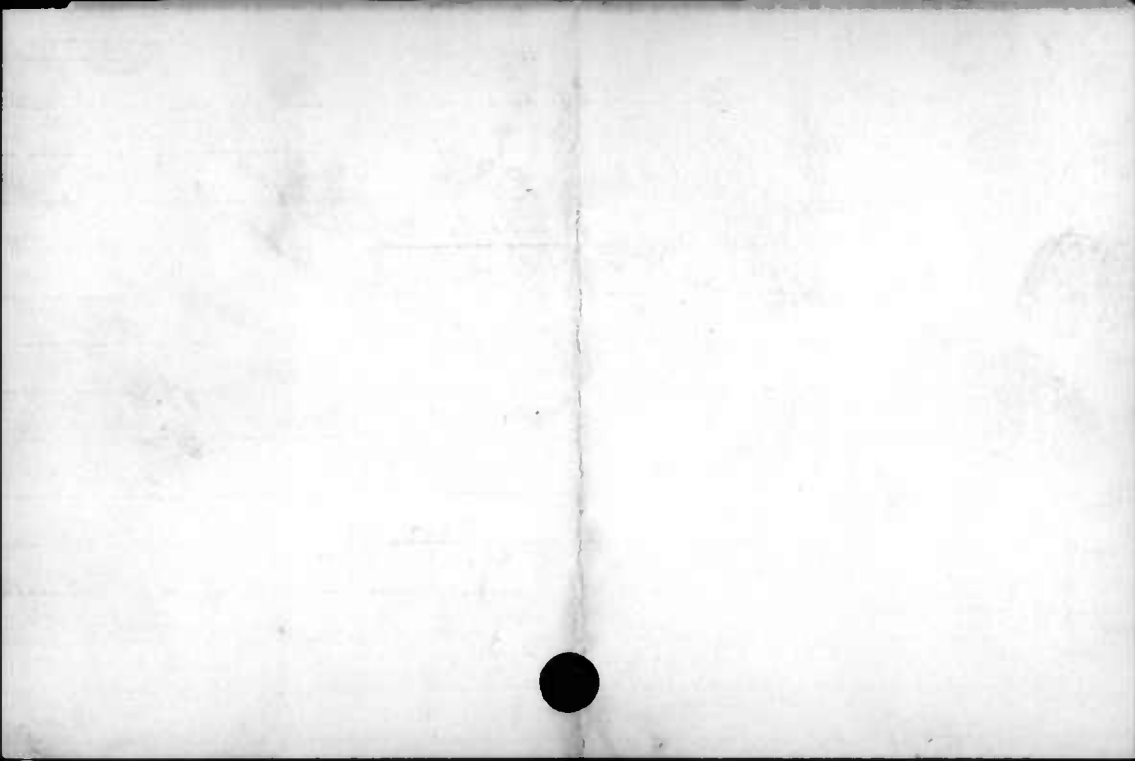
CAUSES OF DEATH

PHYSICIAN
OR CORONER

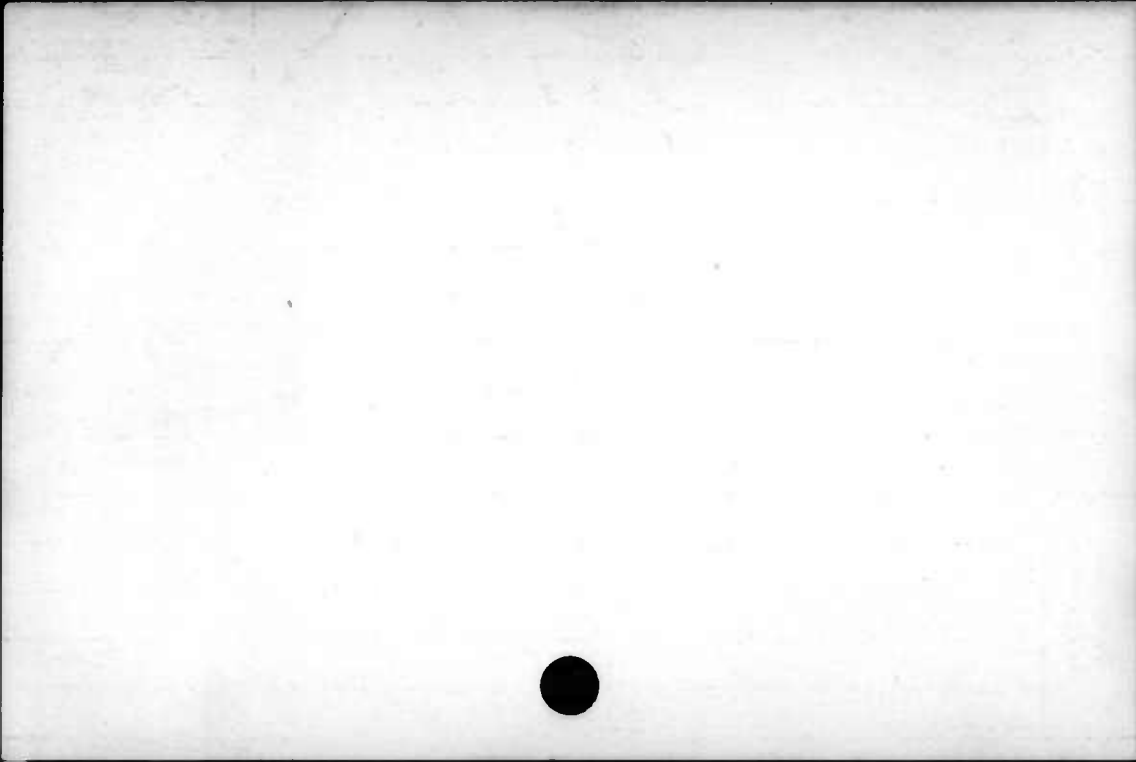
Primary	Influenza	How long	4 or 5 days
Immediate	Acute visceral Congestion chiefly Hemorrhagic	How long	36 hours
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		J. Oliver Parvins	
Address		Annapolis, Ind.	
Accident or Suicide?			



Name in Full		Pearline Branford				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Belen		County Aa		MARYLAND	
	Date of death	1905	Month Feb	Day 17	Age th	Years	Months 7
	Sex	female		Color or Race African		Birth-place Aa Co	
	Occupation	—		Where Residing if not at place of death		—	
	Married, Single or Widowed	—		Name of Wife or Husband		—	
	Father's Name	Lanora Branford				Father's Birthplace	Aa Co
PHYSICIAN OR CORONER	Mother's Maiden Name	Laa Lason				Mother's Birthplace	Aa Co
	Name of person giving information	Laa Branford				How related to deceased	family
	CAUSES OF DEATH						
PHYSICIAN OR CORONER	Primary	Pneumonia				How long	4 days
	Immediate	Heart failure				How long	one hour
	Are the name, age, sex, color, date and place correctly given above?				93/		
	Signature of Physician				H. B. Ray, M.D.		
	Address				Belen, N.M.		
Accident or Suicide?							



Name in Full		Town		County		CERTIFICATE OF DEATH					
TO BE ANSWERED BY NEAREST FRIEND		Died at		Rullman's Row		At		MARYLAND			
		Date of death		1905	Feb.	19th	Age	52 yr -	Months	Days	
		Sex		Male		Color or Race		Colored		Birth-place	
		Occupation		Laborer		Where Residing if not at place of death		At		bo.	
		Married, Single or Widowed		Widower		Name of Wife		Sallie Brown		Deceased	
		Father's Name		Unknown		Father's Birthplace		At		bo.	
		Mother's Maiden Name		Unknown		Mother's Birthplace		At		bo.	
Name of person giving information		Richard Brown		How related to deceased		Son					
CAUSES OF DEATH											
PHYSICIAN OR CORONER		Primary		Heart Failure		How long		Sudden Death			
		Immediate		Found Dead		How long					
		Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		John Ridout, M.D.			
				Address		Annapolis					
		Accident or Suicide?		W. J. K. Lee		Coroner		Md			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Mary Cherry*

Town

Charmers

County

A.A. Co.

MARYLAND

Died at

Date

of death *1905*

Month

Feb

Day

27

Years

Age *1*

Months

3

Days

Sex

Female

Color or
Race

White

Birth-
place

Armstrong

Occupation

Where Residing if not
at place of death

670 Bay St

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

William Cherry

Father's
Birthplace

Armstrong

Mother's
Maiden Name

Margie Cherry

Mother's
Birthplace

Armstrong

Name of person giving
In formation

William Cherry

How related
to deceased

1 - 1 - 1

CAUSES OF DEATH

Primary

Tuberculosis

How long

27 months

Immediate

Exhaustion

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

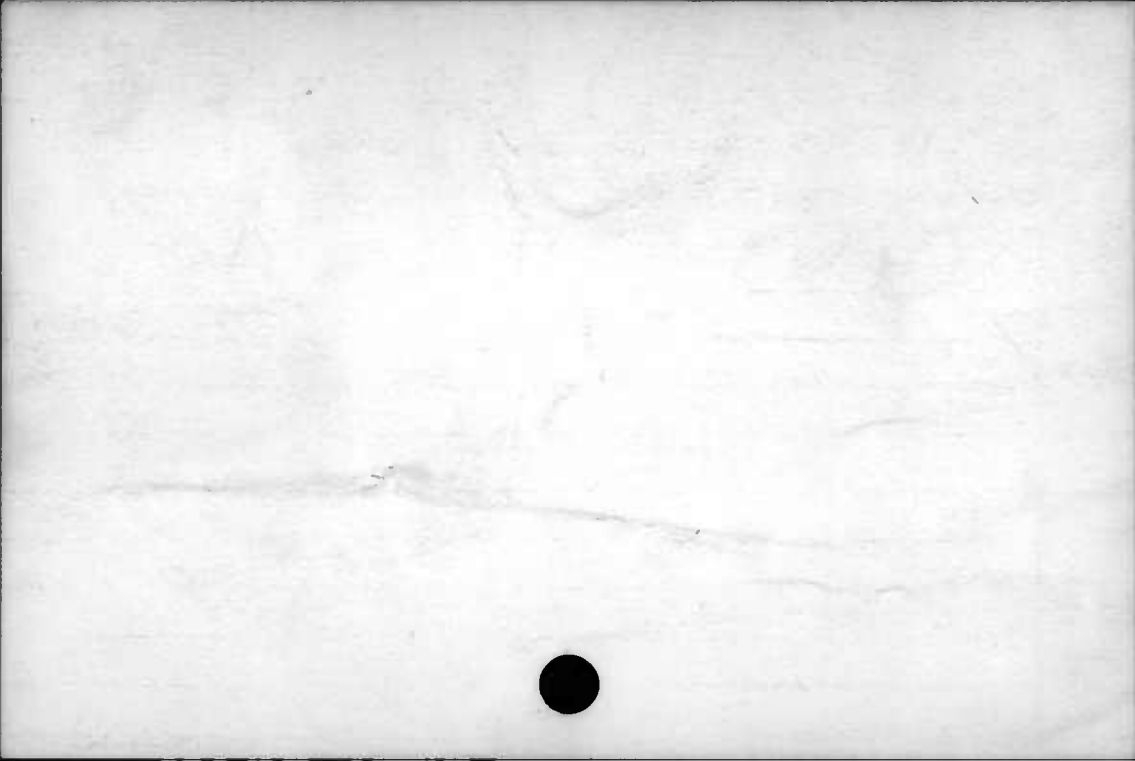
Signature of
Physician

Address

John Ridout, M.D.

Armstrong

Accident or Suicide?



Name
in
Full

Isaniet Chew

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Annapolis</i>		County <i>St</i>		MARYLAND	
Date of death	1905	Month	Feb	Day	11 th
Age	67	Years	7	Months	
Sex	Female	Color or Race	Colored	Birth-place	Annapolis
Occupation	House-wife				
Where Residing if not at place of death	49 Washington St				
Married, Single or Widowed	Married		Name of Wife or Husband		
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information			How related deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Chronic Nephritis	How long	Months
Immediate	Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		John Ridout, M.D.	
		Address	
		Annapolis	
		Md -	
Accident or Suicide?			

5

Name
in
Full

CERTIFICATE OF DEATH

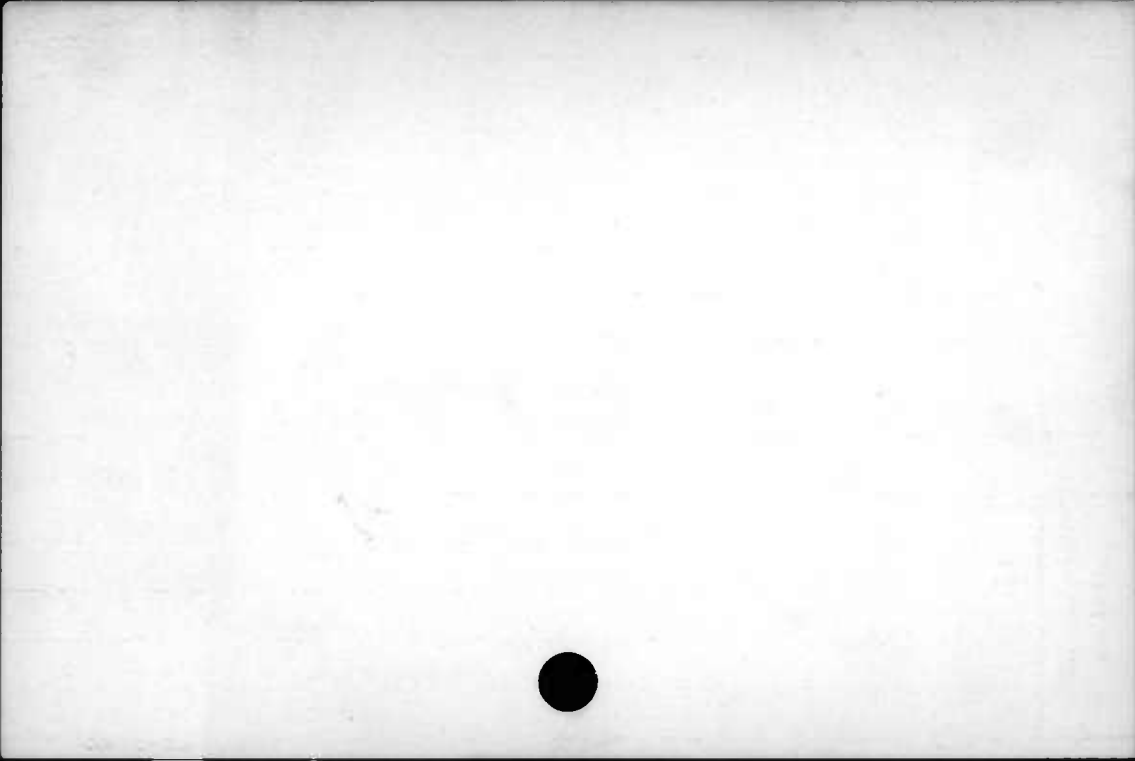
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Margaret Ellen Craig</i>		Town <i>Annapolis</i>		County <i>A. County</i>		MARYLAND	
Died at		Date of death <i>1905</i>		Month <i>2</i>		Day <i>14</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Age <i>34</i>		Years <i>34</i>	
Occupation <i>Housewife</i>		Where Residing if not at place of death		Birthplace <i>Annapolis</i>		Months <i>—</i>	
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>James Craig</i>		Father's Birthplace <i>A. County</i>		Mother's Birthplace <i>Annapolis</i>	
Father's Name <i>Thomas Sherlock</i>		Mother's Maiden Name <i>Margaret Jacobs</i>		Name of person giving information <i>Margaret E. Craig</i>		How related to deceased <i>Daughter</i>	

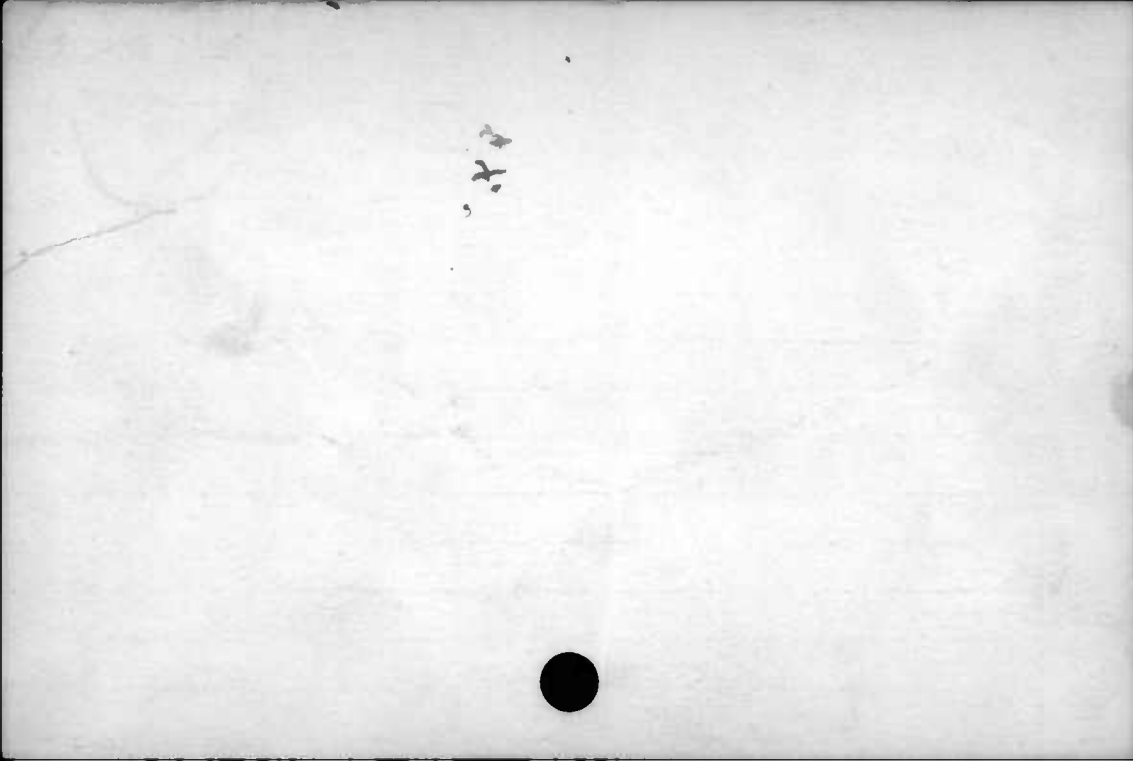
CAUSES OF DEATH

PHYSICIAN
OR CORONER

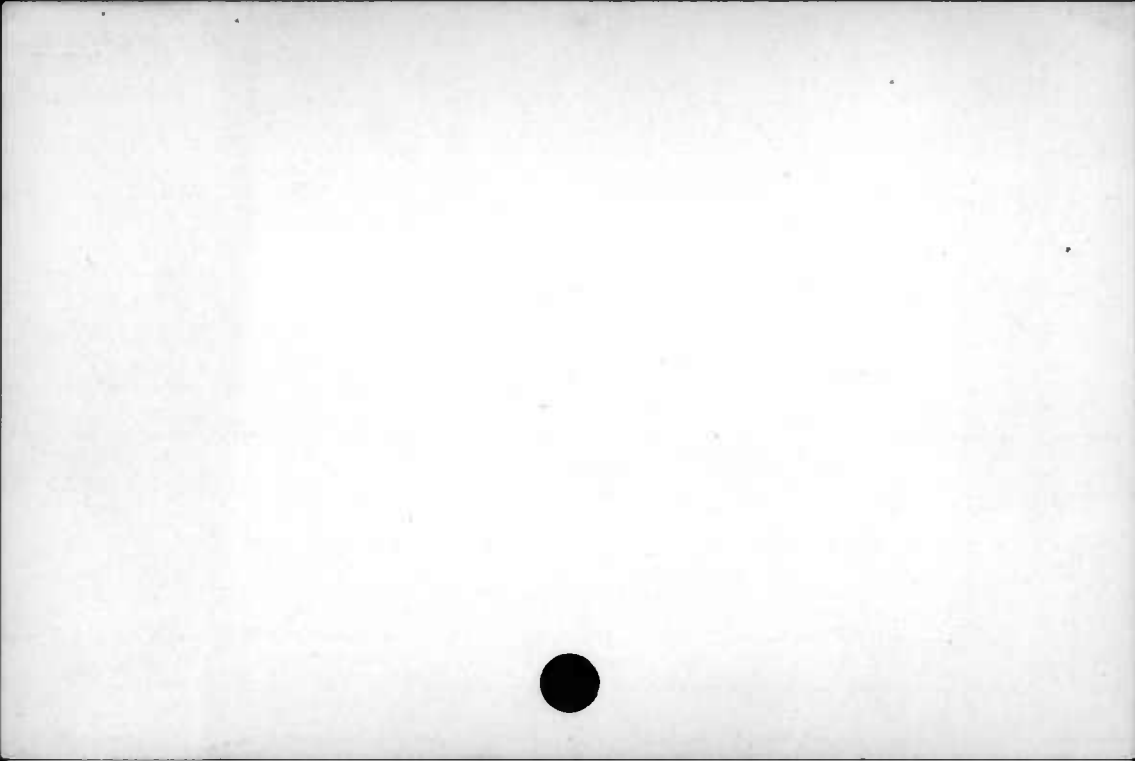
Primary <i>Phthisis Pulmonalis</i>	How long <i>Acute - About 1 year</i>
Immediate <i>Phthisis Pulmonalis</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. Oliver Purvis</i>
	Address <i>Annapolis, Md.</i>
Accident or Suicide? <i>—</i>	



Name in Full		Czerniak (M.L.P.)				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town <i>Wagners Point</i>		County <i>Anne Arundel</i>		STATE <i>MARYLAND</i>
	Date of death		Month <i>February</i>	Day <i>27</i>	Years <i>57</i>	Months <i>-</i>	Days <i>-</i>
	Sex	<i>Male</i>		Color or Race	<i>White</i>		Birth-place <i>Prussia</i>
	Occupation <i>Laborer</i>			Where Residing if not at place of death <i>-</i>			
	Marital Status <i>Married</i>		Name of Wife or Husband <i>-</i>				
	Father's Name <i>John Czerniak</i>		Father's Birthplace <i>Prussia</i>				
	Mother's Maiden Name <i>Unknown</i>		Mother's Birthplace <i>Unknown</i>				
PHYSICIAN OR CORONER	Name of person giving information <i>Mary Czerniak</i>		<i>27</i>		How related to deceased <i>daughter</i>		
	CAUSES OF DEATH						
	Primary	<i>Pulmonary tuberculosis</i>				How long <i>Six months</i>	
Immediate	<i>Tubercular pleurisy</i>				How long <i>2 months</i>		
Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>		Signature of Physician <i>S. Makewaid</i>			
				Address <i>1510 E. Fort Av. Baltimore</i>			
Accident or Suicide?		<i>No</i>					



Name In Full		Marry Edith Davis				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	McKenndree		Anne Arundel		MARYLAND	
	Date of death	1905	Feb.	21	Age	0	Months 10 Days
	Sex	Female		Color or Race	Black		Birth-place
	Occupation			Where Residing if not at place of death			
	Married, Single or Widowed	Single		Name of Wife or Husband			
	Father's Name	Lewis Davis				Father's Birthplace	Ind.
	Mother's Maiden Name	Irene Dorcey				Mother's Birthplace	Ind.
Name of person giving information	Lewis Davis				How related to deceased	Father	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Capillary Bronchitis				How long	90 days / weeks
	Immediate						
	Are the name, age, sex, color, date and place correctly given above?	Yes		Signature of Physician	A. H. Perrie		
				Address	McKenndree, Ind.		
Accident or Suicide?							



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at

B. P. R. Town

County

A. A. B. County

Date

of death

190

Month

Day

Age

Years

Months

Days

Sex

Male

Color or
Race

Color

Birth-
place

B. P. R.

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

Sam Howell

Father's
Birthplace

A. A. B.

Mother's
Maiden Name

Hattie Green

Mother's
Birthplace

A. A. B.

Name of person giving
information

Sam Howell

How related
to deceased

Father

CAUSES OF DEATH

Primary

Dementia

How long

Three days

Immediate

Meningitis

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

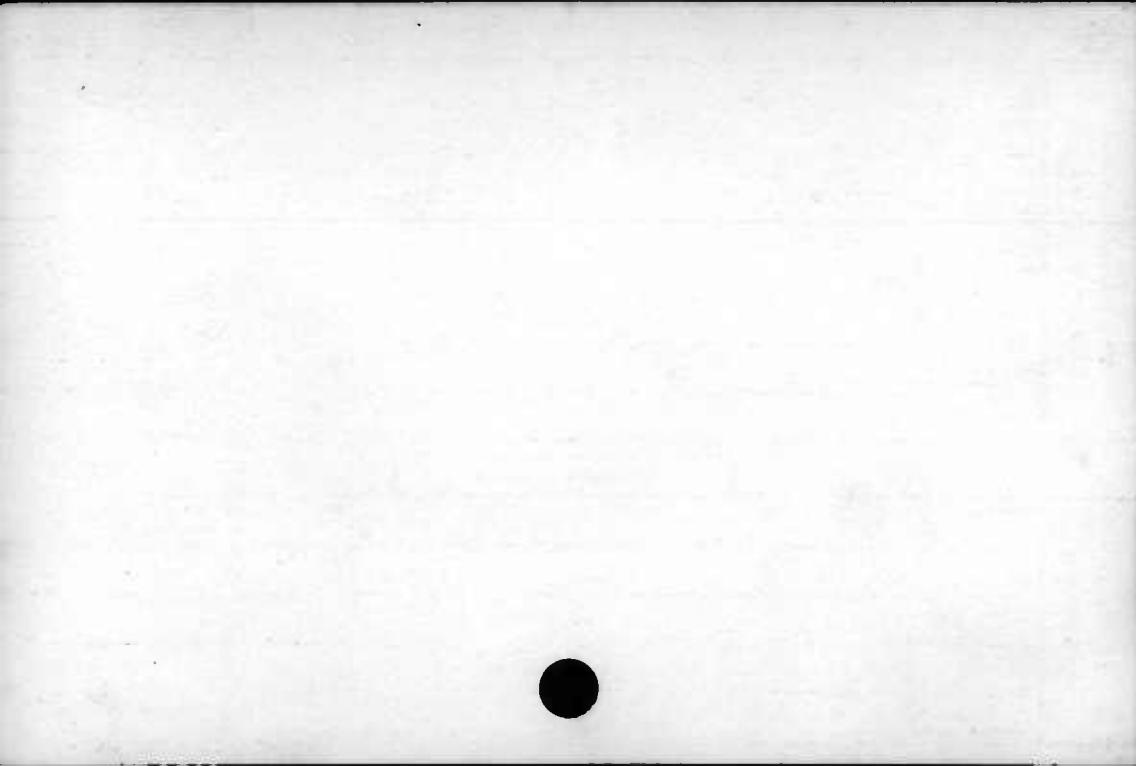
Signature of
Physician

Address

John Ridout M.D.

Annapolis
Md.

Accident or Suicide?



Name
in
Full

Ann's E. Bigner

CERTIFICATE OF DEATH

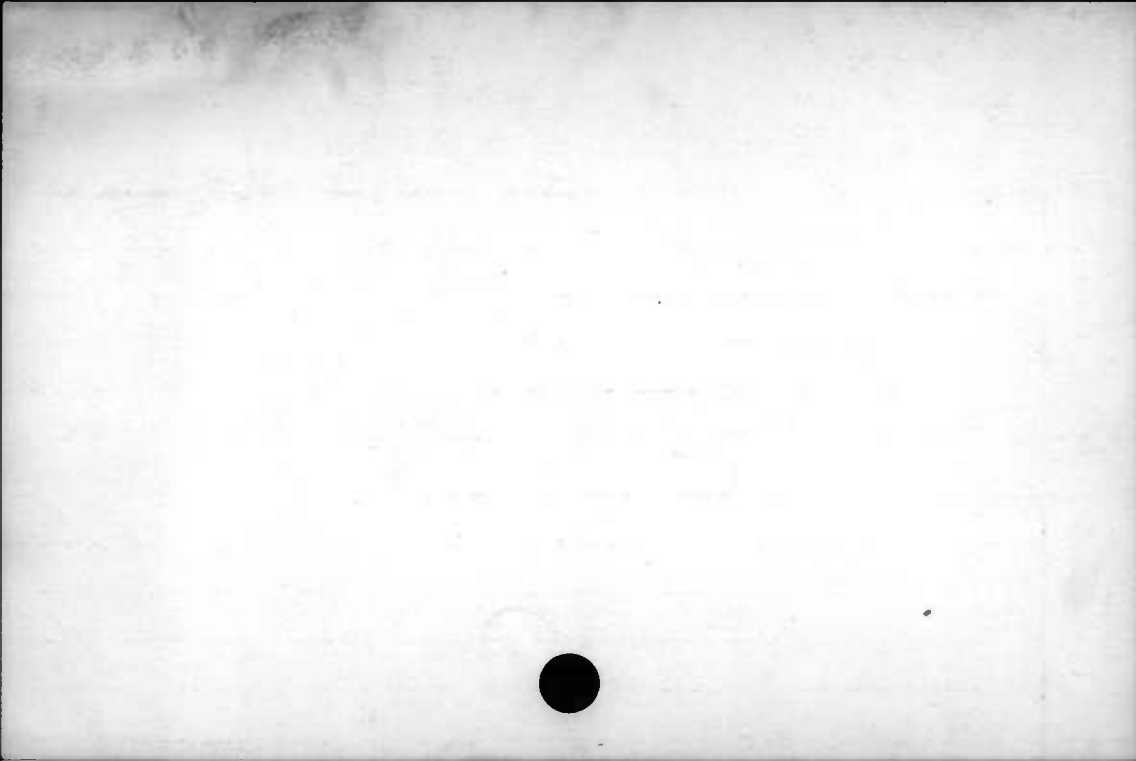
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1902		Feb	25			10	25
Sex		Color or Race		Birth-place			
Female		White		Baltimore Md			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name				Father's Birthplace			
Joseph E. Bigner				Annapolis			
Mother's Maiden Name				Mother's Birthplace			
Kathie Oberly				Annapolis			
Name of person giving information				How related to deceased			
Kathie Oberly, 90				Mother			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		How long	
Capillary Bronchitis		5 days	
Immediate		How long	
Cardiac Exhaustion		24 hours	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		Wm S Welch	
		Address	
		Annapolis	
Accident or Suicide?			
No		✓	



Name in Full

Certificate of Death

Melton Grant

at ^{Town} *Hoodwardville* ^{County} *Sumner*

MARYLAND

Died *1905* ^{Month} *Feb* ^{Day} *9* ^{Y.} *18* ^{M.} *18* ^{D.} *18* ^{Native of} *Md.* ^{Occupation}Date *1905* ^{Male} *Female* ^{Married} *Single* ^{Widow} *Widower* ^{Divorced} *Number of children living*

Husband of

Wife

Father's Name *Robert Grant*Mother's Name *Emma Grant*Cause of Death { ^{Primary} *Pneumonia* ^{Immediate} *93* ^{How long sick} *Three weeks* ^{Accident, Suicide, Homicide}Reported by *Sam H. Anderson M.D.*
Address *Hoodwardville Md.*

Must be signed by physician, if any in attendance, other wise by coroner, undertaker or minister.



Name
in Full

CERTIFICATE OF DEATH

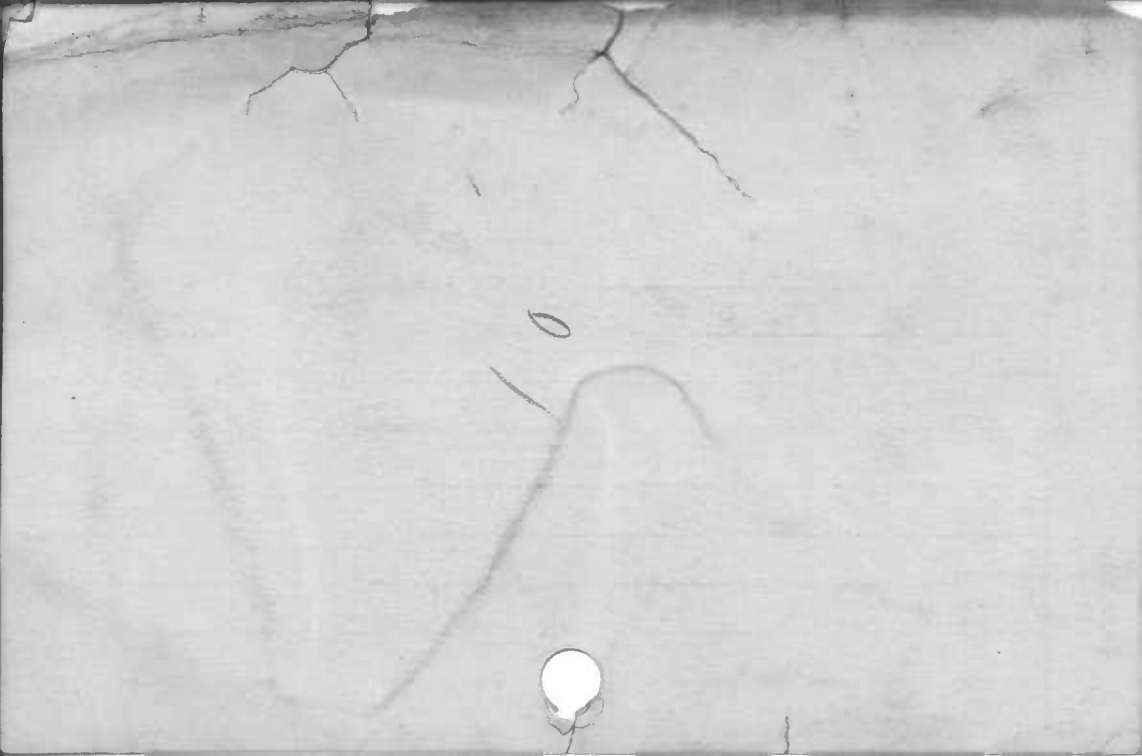
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Annapolis</u>		<u>Alle</u> County		MARYLAND	
Date of death	1905	Month	July	Day	16
		Age	35	Years	
Sex	Male	Color or Race	Colored	Birthplace	A.A. Co.
Occupation	Laborer		Where Residing if not at place of death		
			110 Calvert St.		
Married, Single or Widowed	Married	Name of Wife or Husband			
	Aminie Green				
Father's Name	Thomas Green			Father's Birthplace	A.A. Co.
Mother's Maiden Name	Mary Brown			Mother's Birthplace	A.A. Co.
Name of person giving information	Aminie Green			How related to deceased	Wife

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Inberculosis	How long	27 Months
Immediate	Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?	Yes		
	Signature of Physician	John Ridout	
	Address	Annapolis Md	
Accident or Suicide?			



Name
in
Full

Calvin A. Hill

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} Eastport

County

Anne Arundel

Date of death 1905 Feb.

Day 24

Age 35 Years

Months 10

Days 28

Sex male

Color or Race

white

Birth-place

Bristol Md

Occupation

Clerk

Where Residing if not at place of death

Married, Single or Widowed

married

Name of Wife or Husband

A. Estella Hill

Father's Name

James A. Hill

Father's Birthplace

A.A.Co. Md

Mother's Maiden Name

Willie Thomas

Mother's Birthplace

A.A.Co. Md

Name of person giving information

Mary D. Hill

How related to deceased

Step mother

CAUSES OF DEATH

Primary

Tuberculosis

How long

years.

Immediate

Exhaustion

How long

weeks.

Are the name, age, sex, color, date and place correctly given above?

yes.

Signature of Physician

Address

Lewis B. Heukel, Jr. M.D.

195 Gloucester St.

Annapolis, Md.

PHYSICIAN
OR CORONER

Accident or Suicide?

—



Name
in
Full

Lusan Jackson

CERTIFICATE OF DEATH

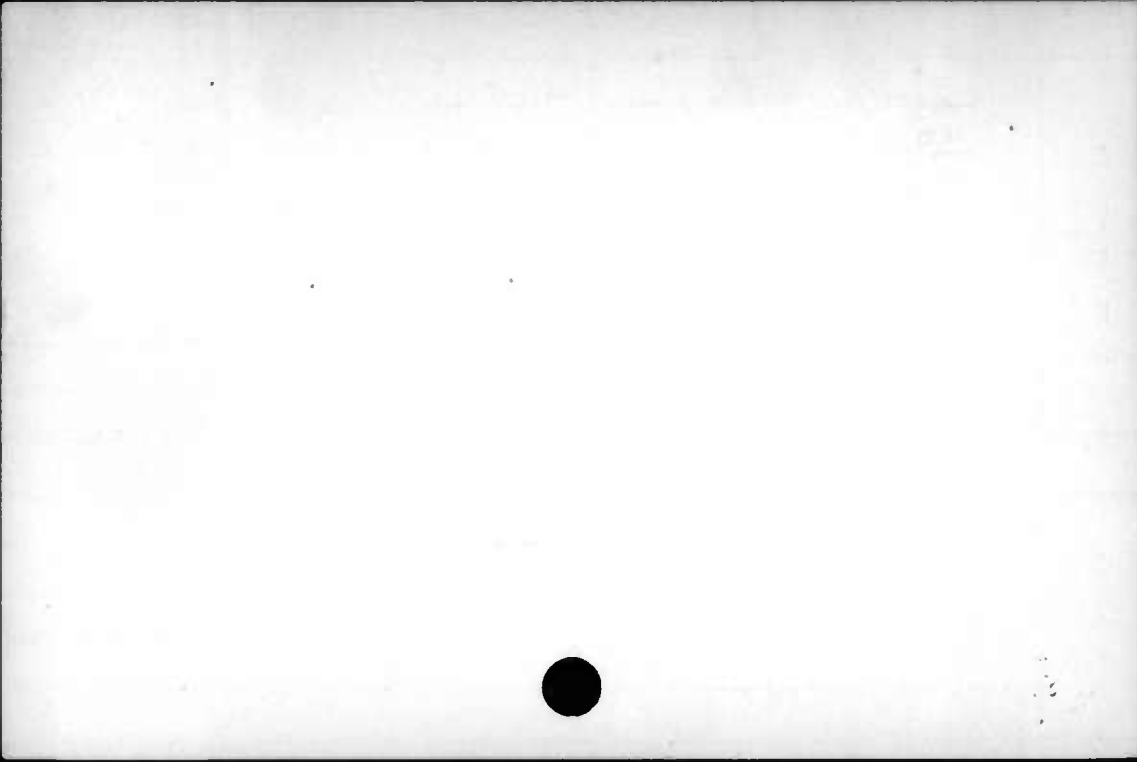
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Smith Ballin</i> <small>Town</small>		<i>AA</i> <small>County</small>		MARYLAND	
Date of death	<i>1905</i>	<i>2</i> <small>Month</small>	<i>6</i> <small>Day</small>	<i>11</i> <small>Years</small>	<i>11</i> <small>Months</small>
Sex	<i>Female</i>	Color or Race	<i>Black</i>	Birth-place	<i>MD</i>
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	<i>Single</i>	Name of Wife or Husband			
Father's Name	<i>Eli Jackson</i>	Father's Birthplace	<i>MD</i>		
Mother's Maiden Name	<i>Elyea Jackson</i>	Mother's Birthplace	<i>MD</i>		
Name of person giving Information	<i>Denhis Reese</i>	How related to deceased	<i>None</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Burned to death</i>	How long	<i>(16)</i>
Immediate	<i>Asphyxiation</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		<i>Wm. L. H. ...</i>	
		Address	
		<i>Brooklyn MD</i>	
Accident or Suicide?			



Name
is
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Eliza Louise Linthicum

CERTIFICATE OF DEATH

MARYLAND

Died at 159 Prince George St. Annapolis, Anne Arundel

Date of death 1905 February 18th Age 54 Months 10 Days

Sex Female Color or Race White Birth-place Anne Arundel Co

Occupation Housewife Where Residing if not at place of death Annapolis, Md.

Married, Single or Widowed Married Name of Wife or Husband Joshua Linthicum

Father's Name Francis White Father's Birthplace Anne Arundel Co

Mother's Maiden Name Louisa Breiver Mother's Birthplace Annapolis

Name of person giving information Joshua Linthicum How related to deceased Husband

CAUSES OF DEATH

Primary Apoplexy How long Two years.

Immediate Asthenia How long One day.

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician Geo Wells.

Yes.

Address

Annapolis.
Maryland.

Accident or Suicide?

No.

13



Name in Full		George Earnest Merrill Jr.				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at ^{Town} Annapolis		County ^{County} Anne Arundel		MARYLAND		
		Date of death 1905		Month February	Day 14	Age one	Months two	Days sixteen
		Sex male		Color or Race white		Birth-place Baltimore, Md.		
		Occupation Baby		Where Residing if not at place of death Annapolis				
		Married, Single or Widowed Baby		Name of Wife or Husband Baby				
		Father's Name George Earnest Merrill			Father's Birthplace M. Paul, Minn.			
		Mother's Maiden Name Lulu Belle Orcutt			Mother's Birthplace Corsica Jefferson Co., Pa.			
Name of person giving information		George Earnest Merrill 90			How related to deceased Father			
<div style="text-align: center; border: 1px solid black; padding: 5px;">CAUSES OF DEATH</div>								
PHYSICIAN OR CORONER		Primary Bronchitis, Cerebral				How long One week.		
		Immediate Asphyxiation				How long 4 hours.		
		Are the name, age, sex, color, date and place correctly given above? Yes				Signature of Physician George Wells, M.D.		
						Address Annapolis, Md.		
		Accident or Suicide?						

8



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Annapolis</i>		Town <i>Annapolis</i>		County <i>aa Co</i>		MARYLAND	
Date of death	1905	Month	Feb	Day	18	Years	41
Sex <i>Male</i>		Color or Race <i>White</i>		Months <i>11</i>		Days <i>20</i>	
Birth-place <i>Annapolis Md</i>		Occupation <i>Retired</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Mary J Mitchell</i>					
Father's Name <i>George H Mitchell</i>		Father's Birthplace <i>Annapolis Md</i>					
Mother's Maiden Name <i>Martha A Braasfield</i>		Mother's Birthplace <i>Dist Columbia</i>					
Name of person giving information <i>Frederick D Mitchell</i>		How related to deceased <i>Brother</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Pulmonary Tuberculosis</i>	How long	<i>Three years</i>
Immediate	<i>Exhaustion</i>	How long	<i>20</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Geo. Wells</i>	
Address <i>Annapolis</i>		Address <i>Annapolis</i>	
Accident or Suicide?		Address <i>Woodsland</i>	

12

Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

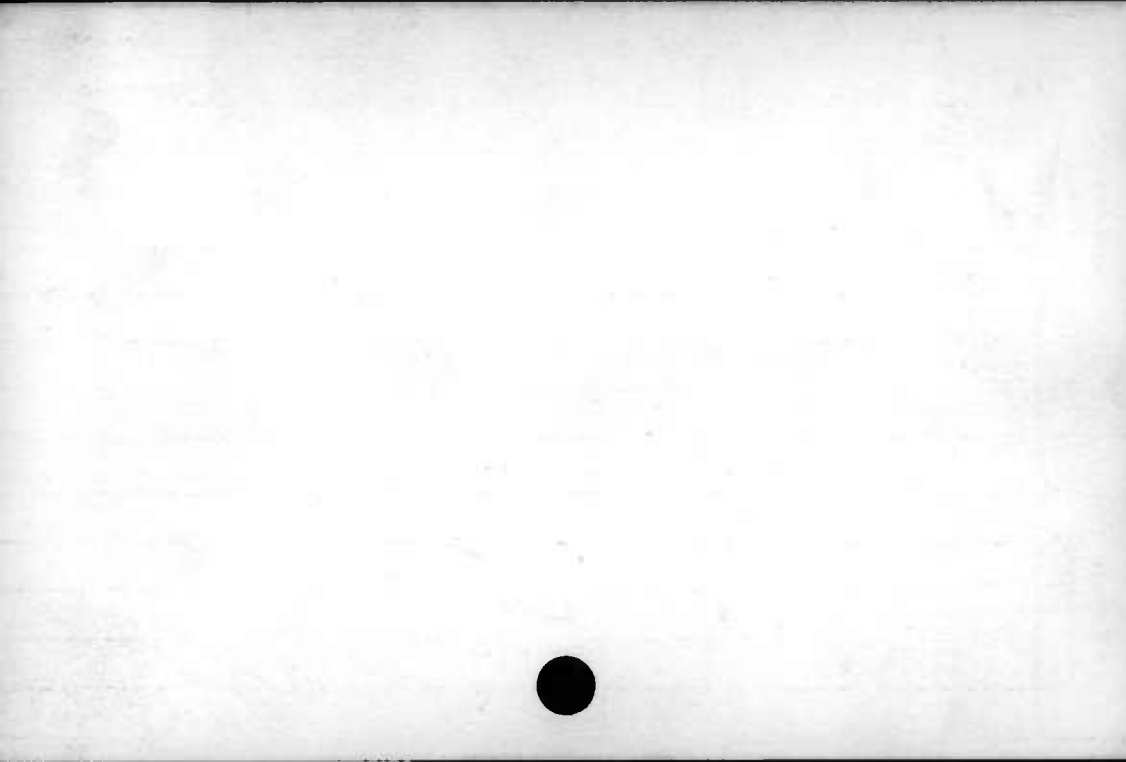
CERTIFICATE OF DEATH

MARYLAND

Died at *Annapolis* Town *Annerundal* CountyDate of death *1905* Month *Feb* Day *3* Age *13 days* Months *—* Days *—*Sex *Female* Color or Race *White* Birth-place *63 Calvert St.*Occupation *Infant* Where Residing if not at place of death *63 Calvert St.*Married, Single or Widowed *Single* Name of Wife or Husband *—*Father's Name *Thos F Monday*Father's Birthplace *Rockville*Mother's Maiden Name *Oda L King*Mother's Birthplace *York Pa.*Name of person giving information *Thos F Monday 92*How related to deceased *Father*

CAUSES OF DEATH

Primary *Pneumonia (Bronch)* How long *2 days.*Immediate *Convulsions* How long *10 hours.*Are the name, age, sex, color, date and place correctly given above? *Yes.*Signature of Physician *Laurel B. Hauke Jr.*Address *195 Gloucester St.*Accident or Suicide? *—**Annapolis, Md.*



Name
in
Full

CERTIFICATE OF DEATH

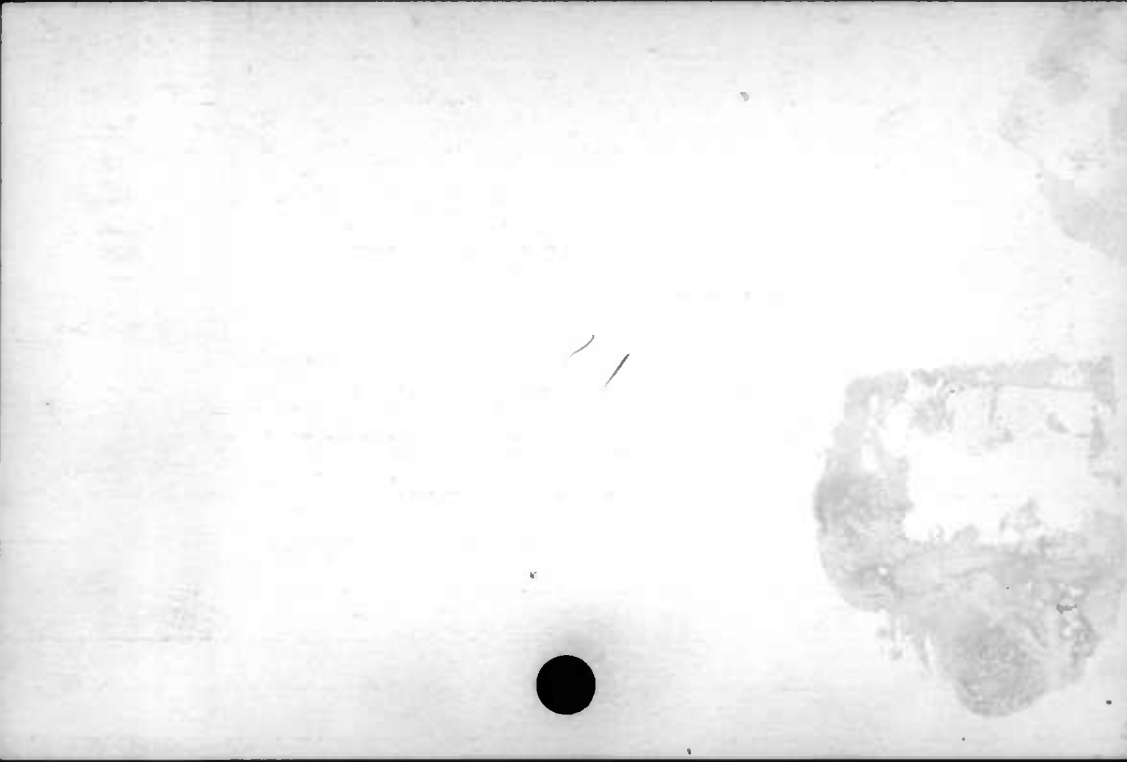
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Alexis Pierre Montriand</i>		Town <i>Annapolis</i>		County <i>Anne Arundel</i>		MARYLAND	
Died at <i>Annapolis</i>		Date of death 1905		Month <i>Feb.</i>		Day <i>17.</i>	
Age <i>86.</i>		Years <i>86.</i>		Months <i>7. 8.</i>		Days <i>20.</i>	
Sex <i>Male.</i>		Color or Race <i>White.</i>		Birth-place <i>St. Johns. P. D.</i>			
Occupation <i>Cook</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Marie E. Holmes.</i>					
Father's Name <i>Francois Montriand</i>		Father's Birthplace <i>St. Johns P. D.</i>					
Mother's Maiden Name <i>Angele Gervais.</i>		Mother's Birthplace "					
Name of person giving information <i>Adrienne M. Meade.</i>		How related to deceased <i>Daughter</i>					

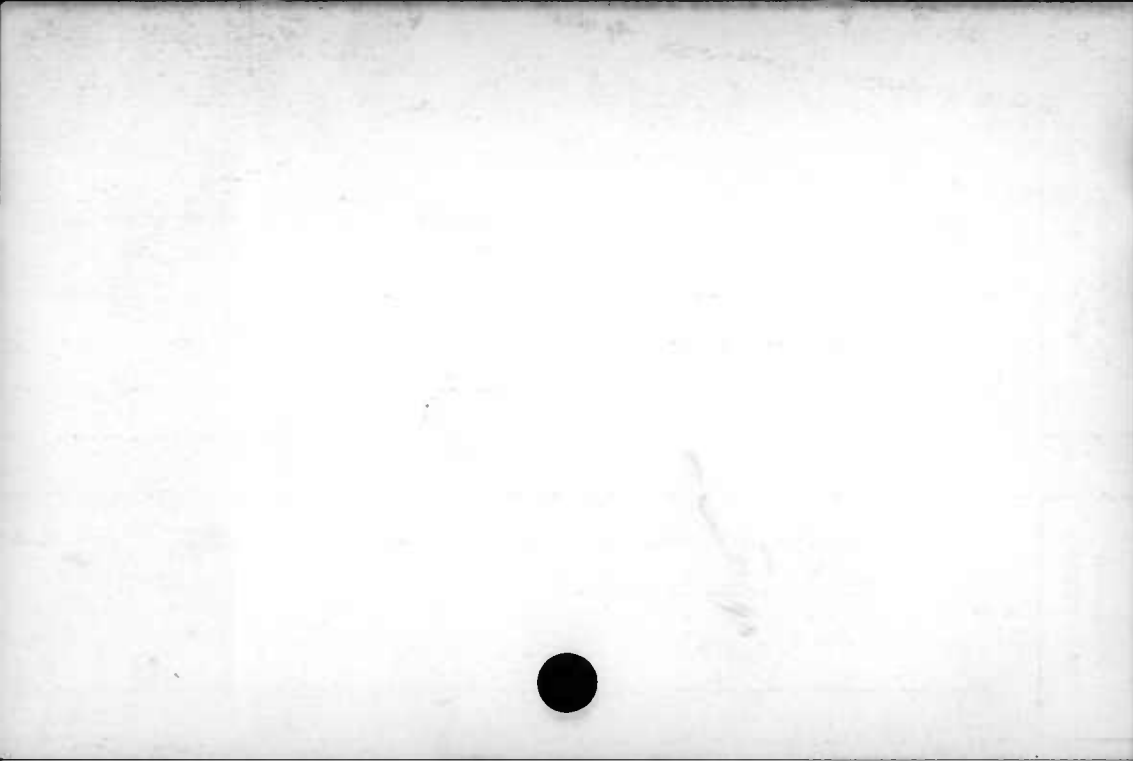
CAUSES OF DEATH

PHYSICIAN
OR CORONER

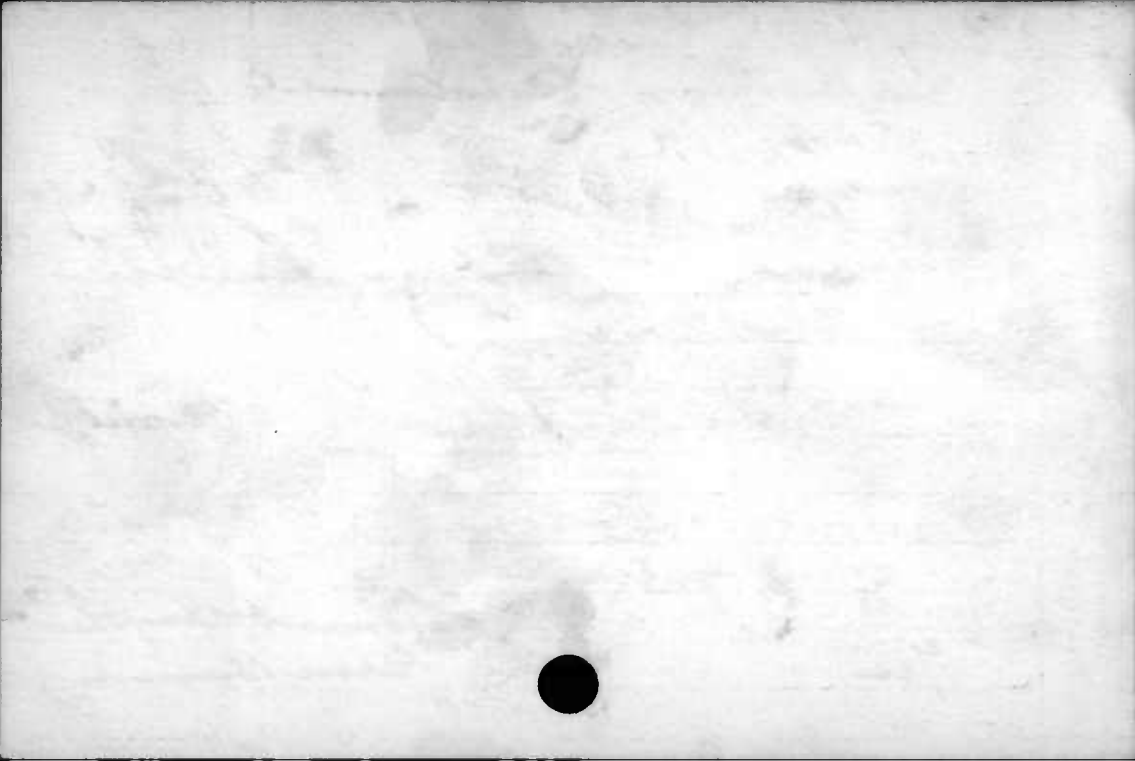
Primary <i>Infirmary of old age</i>	How long <i>15 1/2</i>
Immediate <i>Exhaustion</i>	How long <i>3 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>Geo Wells M.D.</i>
	Address <i>Annapolis Md.</i>
Accident or Suicide?	



Name in Full		Charles O Pathe				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town East Port		County A. A. S.	
		Date of death		1905	Month Feb	Day 10	Age 3
		Sex		Male	Color or Race		White
		Occupation		Where Residing if not at place of death		Birth- place	
		Married, Single or Widowed		Single	Name of Wife or Husband		Maryland
Father's Name		Joseph H Pathe				Father's Birthplace	
Mother's Maiden Name		Anne Parker				Mother's Birthplace	
Name of person giving In formation		Anne Pathe 92				How related to deceased	
		CAUSES OF DEATH					
PHYSICIAN OR CORONER		Primary				How long	
		Broncho-Pneumonia and Meningitis				2 weeks.	
		Immediate				How long	
		Cardiac Asthenia				3 days.	
		Are the name, age, sex, color, date and place correctly given above?				Signature of Physician	
yes.				Address		Louis H. Henkel Jr. Md.	
Accident or Suicide?				Annapolis, Md.			



Name in Full		Certificate of Death						
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town		County		MARYLAND	
	Date of death		Month	Day	Years	Months	Days	
	Sex		Color or Race		Birthplace			
	Occupation				Where residing if not at place of death			
	Married, Single or Widowed		Name of Wife or Husband					
	Father's Name				Father's Birthplace			
	Mother's Maiden Name				Mother's Birthplace			
	Name of person giving information				How related to deceased			
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary		Tetanus Infantum			How long		3 to 4 days
	Immediate		Exhaustion			How long		
	Are the name, age, sex, color, date and place correctly given above?		As far as I am aware of.		Signature of Physician		F. H. Thompson M.D.	
					Address		Annapolis Md.	
Accident or Suicide?								



Name
in
Full

Elizabeth J. Humphrey

CERTIFICATE OF DEATH

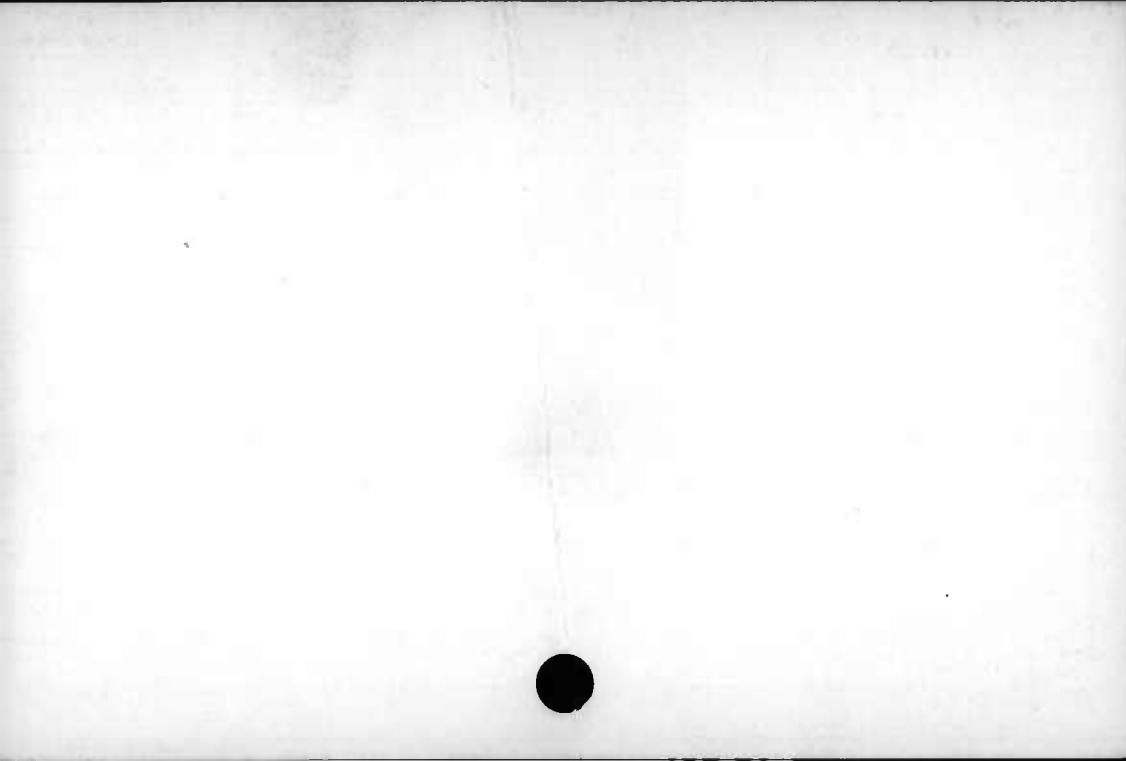
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Near Brooklyn		Anne Arundel					
Date of death	1905	Month	7th	Day	4	Age	76
Sex	Female	Color or Race	White	Birthplace	A A C S		
Occupation	Housewife			Where Residing if not at place of death			
Married, Single or Widowed	Widow			Name of Wife or Husband			
Thomas Humphrey							
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information				How related to deceased			
Helen Humphrey				Son			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Nervous prostration	How long	3 months
Immediate	Heart failure	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		Thomas H. Brayshaw	
		Address	
		Gen. Purdie	
Accident or Suicide?			



Name
in
FullTO BE ANSWERED BY
NEAREST FRIEND

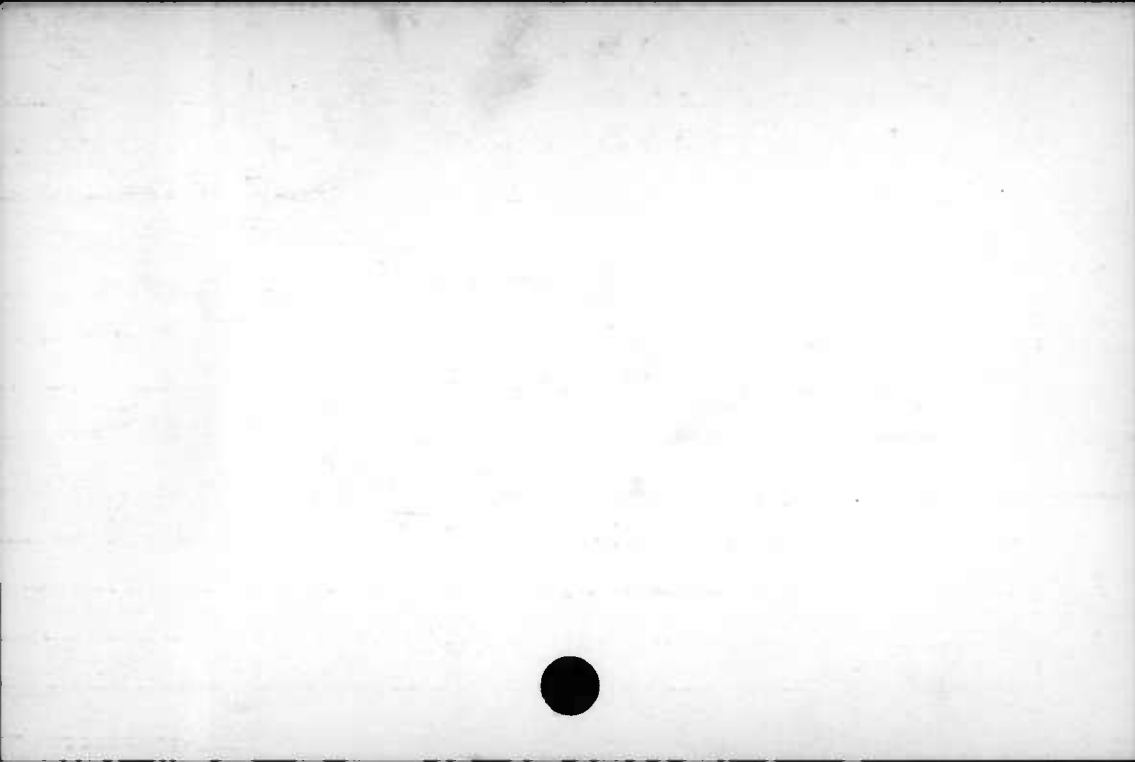
CERTIFICATE OF DEATH

MARYLAND

Died at		Town		County	
Date of death		Month	Day	Age	Years
1905		Feb	24	4	4
Sex	Color or Race		Birth-place		
male	Caucasian		Washington		
Occupation			Where Residing If not at place of death		
			Washington St		
Married, Single or Widowed		Name of Wife or Husband			
Father's Name		Father's Birthplace			
William Luther		Annapolis			
Mother's Maiden Name		Mother's Birthplace			
Mary Boyd		Annapolis			
Name of person giving information		How related to deceased			
Mother		90		mother	

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Capillary Bronchitis		How long	Three days
	Immediate	Asthma		How long	
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		
	Yes		John Ridout M.D.		
			Address		
		Annapolis			
Accident or Suicide?		V			



Name
in
Full

Thomas Robinson

CERTIFICATE OF DEATH

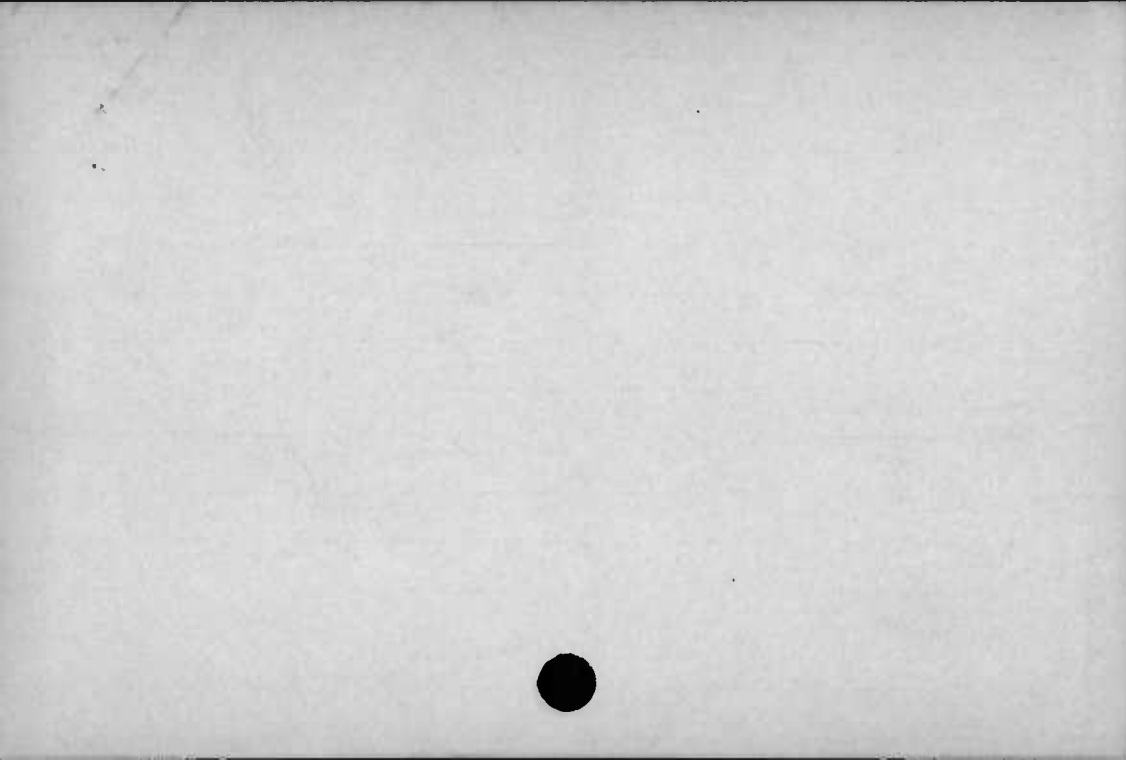
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Annapolis Neck		County A.A.		MARYLAND	
Date of death		Month Feb	Day 23 rd	Years 54 yrs	Months	Days	
Sex	Male		Color or Race	Colored		Birth-place	A.A. Co.
Occupation	Laborer			Where Residing if not at place of death			
Married, Single or Widowed	Single			Name of Wife or Husband Margaret Robinson			
Father's Name	Thomas Robinson			Father's Birthplace A.A. Co.			
Mother's Maiden Name	Priscilla Richardson			Mother's Birthplace A.A. Co.			
Name of person giving information	Eli Robinson			How related to deceased Son			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Asthma & chronic Nephritis		How long	Six Months
Immediate	Exhaustion		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician John Ridout M.D.		
Yes		Address Annapolis Md		
Accident or Suicide?				



Name in Full *Edith Smallwood*

CERTIFICATE OF DEATH

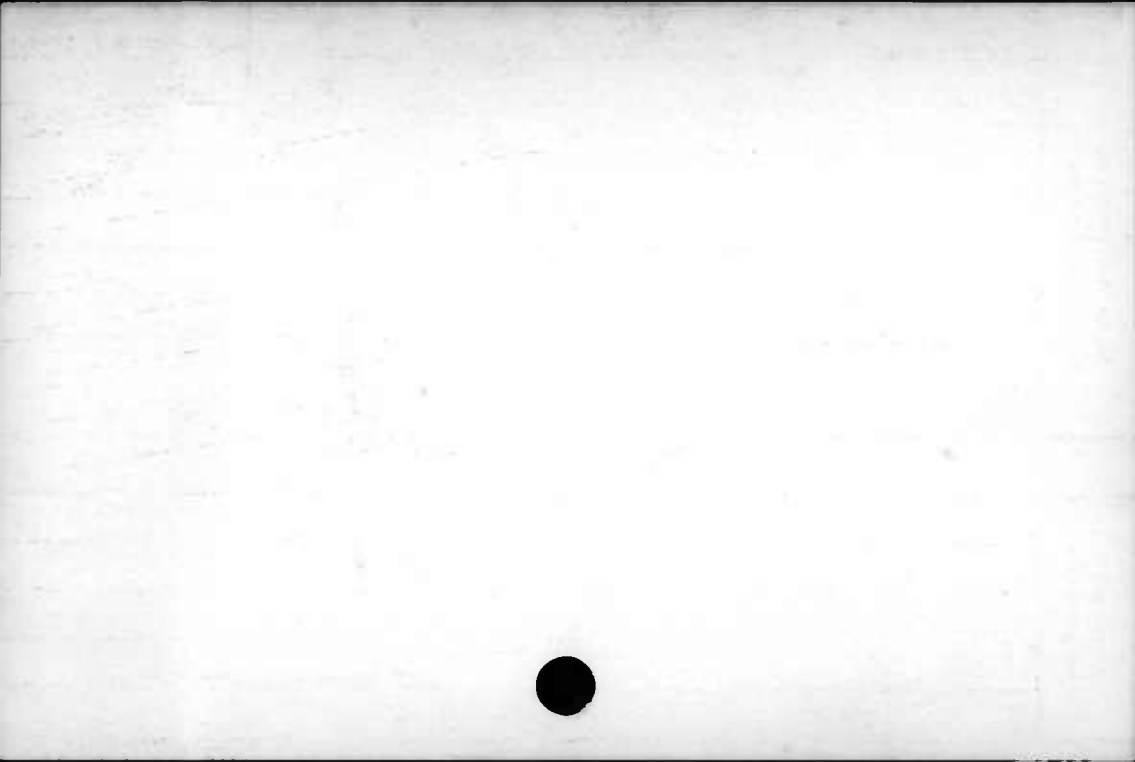
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Stingal</i> Town		<i>Anne Arundel</i> County		MARYLAND	
Date of death	<i>1905 Feb.</i> Month	<i>22</i> Day	Age <i>21</i> Years	Months	Days
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Anne Arundel</i>		
Occupation <i>Cook</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>married</i>	Name of Wife or Husband <i>Smallwood</i>				
Father's Name <i>John Randal</i>	Father's Birthplace <i>Anne Arundel</i>				
Mother's Maiden Name	Mother's Birthplace " "				
Name of person giving information <i>Edward Talbot</i>	How related to deceased <i>Not at all</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate <i>Unknown</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician
	Address <i>Mallard Court N. D. West River, Md.</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Annapolis</i> <i>Annapolis</i> <i>Annapolis</i>		County <i>Annapolis</i>		MARYLAND	
Date of death	1905	Month	May	Day	13
Age	42	Years		Months	
Sex	Male	Color or Race	Colored	Birth-place	AACo.
Occupation	Cook	Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name	<i>Benjamin Smith</i>			Father's Birthplace	AACo.
Mother's Maiden Name	<i>Mary Johnson</i>			Mother's Birthplace	Prince George
Name of person giving information	<i>Mother</i>			How related to deceased	Mother

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Phthisis Pulmonalis</i>	How long	<i>Several years</i>
Immediate	<i>Asphyxia</i>	How long	"
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>as far as I am aware</i>		<i>F. H. Thompson, M.D.</i>	
		Address	
		<i>Annapolis</i>	
Accident or Suicide?		<i>Med.</i>	

2



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>3rd District</i> ^{Town}		<i>Ann Arundell</i> ^{County}		MARYLAND	
Date of death <i>1905</i>	<i>2</i> ^{Month}	<i>11</i> ^{Day}	Age <i>Still Born</i> ^{Years}	<i>0</i> ^{Months}	<i>0</i> ^{Days}
Sex <i>Male</i>	Color or Race <i>Black</i>		Birth-place <i>3rd District</i>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <i>Joseph Stansbury</i>		<i>54</i>		Father's Birthplace <i>A.A. Co</i>	
Mother's Maiden Name <i>Rosa Stansbury</i>		<i>35</i>		Mother's Birthplace <i>A.A. Co</i>	
Name of person giving information <i>Joseph Stansbury</i>		How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Still Born</i>	How long	<i>S.</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Address	
		<i>6th Child</i>	
Accident or Suicide?			



Name in Full		Gussie Stearns						CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Annapolis		County A.A.		MARYLAND		
	Date of death		190	Month July	Day 17	Age	Years 92	Months 4	Days
	Sex		Female		Color or Race		Colored		Birth- place
	Occupation		Domestic		Where Residing if not at place of death		62 North Lane		
	Married, Single or Widowed		Single		Name of Wife or Husband				
	Father's Name		Gus Stearns		Father's Birthplace		A.A.		
	Mother's Maiden Name		Mary Ann Stearns		Mother's Birthplace		A.A.		
Name of person giving In formation		"		"		"		How related to deceased	Mother
CAUSES OF DEATH									
PHYSICIAN OR CORONER	Primary		Pneumonia				How long		11 days
	Immediate		Heart failure				How long		2 days
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		J. L. Johnson		
					Address		166 Cathedral		
	Accident or Suicide?								

41

Name in Full		Thomas				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Annapolis		County St. Anne's		MARYLAND	
	Date of death	1905	Month 2	Day 14	Age —	Years —	Months —
	Sex	Female		Color or Race White		Birth-place North West St.	
	Occupation	—		Where Residing if not at place of death —			
	Married, Single or Widowed	Single		Name of Wife or Husband —			
	Father's Name	Wm. Thomas				Father's Birthplace Annapolis	
	Mother's Maiden Name	Eva Hutchins				Mother's Birthplace Annapolis	
Name of person giving information	Wm. Thomas				How related to deceased Father		
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Phel Brown				How long —	
	Immediate	S.				How long —	
	Are the name, age, sex, color, date and place correctly given above?				Signature of Physician J. Murphy		
					Address —		
	Accident or Suicide?						

6



Name
in
Full

CERTIFICATE OF DEATH

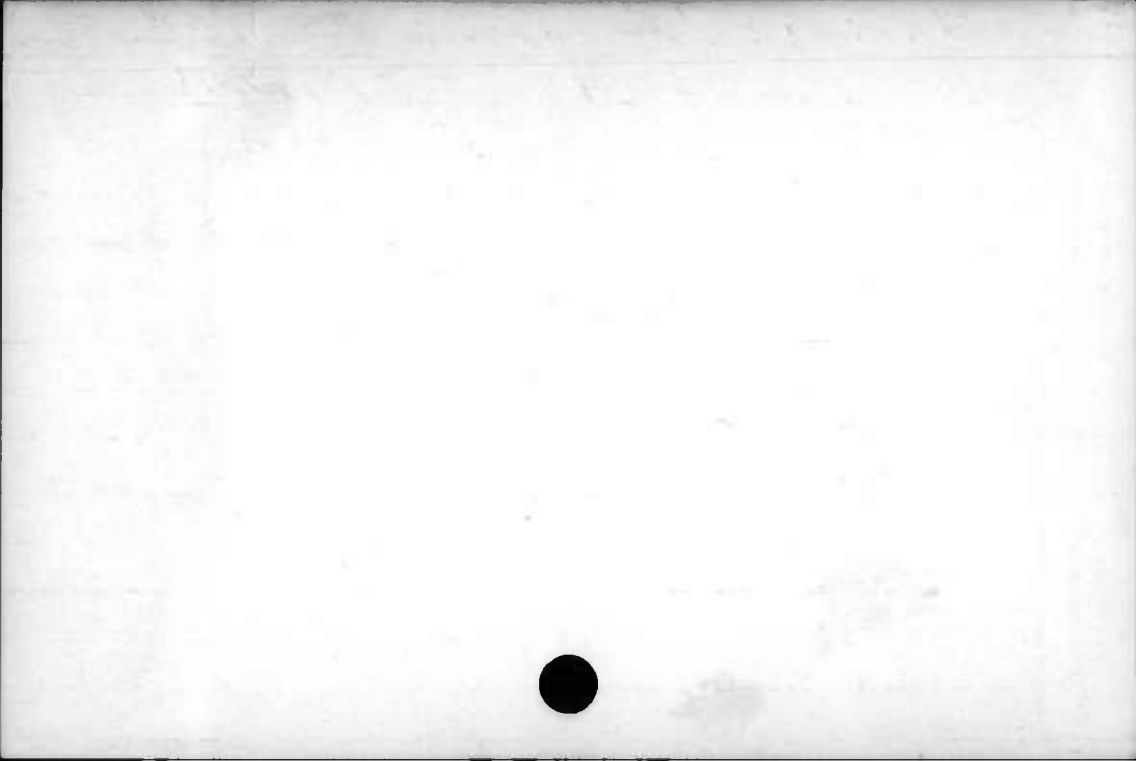
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Eastport</i> ^{Town} <i>Anne Arundel</i> ^{County} <i>MARYLAND</i>	
Date of death <i>1905</i> ^{Month} <i>May</i> ^{Day} <i>13</i> ^{Age} <i>31</i> ^{Years}	^{Months} <i>0</i> ^{Days} <i>0</i>
Sex <i>Female</i> ^{Color or Race} <i>Colored</i> ^{Birth place} <i>South River</i>	
Occupation <i>Domestic</i> ^{Where Residing if not at place of death} <i>Eastport</i>	
Married, Single or Widowed <i>Married</i> ^{Name of Wife or Husband} <i>Robert Lee Good</i>	
Father's Name <i>Charles Wilson</i> ^{Father's Birthplace} <i>AACo</i>	
Mother's Maiden Name <i>Sarah Ann Hendrix</i> ^{Mother's Birthplace} <i>AACo</i>	
Name of person giving information <i>Robert Lee Good</i> ^{How related to deceased} <i>Husband</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Chronic Nephritis</i> ^{How long} <i>20</i> ^{Months}	
Immediate <i>Exhaustion</i> ^{How long} <i>120</i> ^{Days}	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>John Bidont</i>
<i>yes</i>	Address <i>Annapolis Md</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

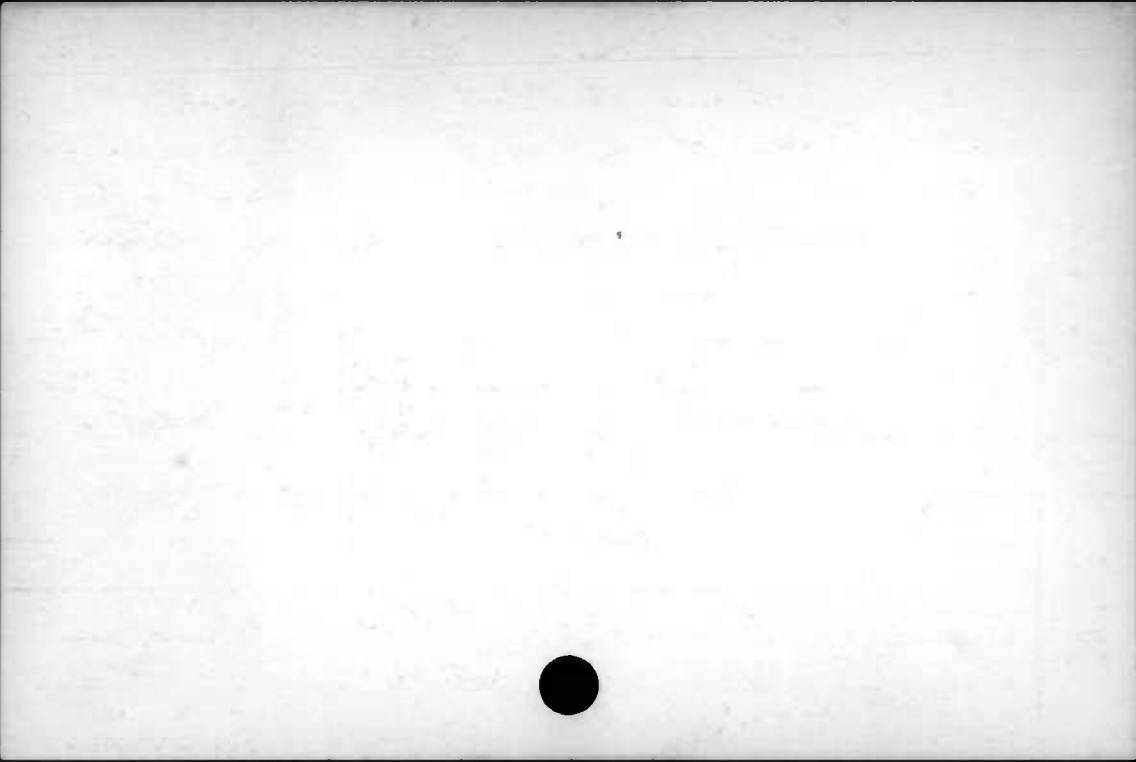
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Annapolis</i>		Town <i>Annapolis</i>		County <i>Anne Arundel</i>		MARYLAND	
Date of death <i>1905</i>	Month <i>Feb</i>	Day <i>4</i>	Age <i>77</i>	Years	Months	Days	
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>La Co</i>				
Occupation <i>Domestic</i>			Where Residing if not at place of death <i>29 Octon Lane</i>				
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>Noble Watkins</i>						
Father's Name <i>William Brown</i>	Father's Birthplace <i>Kent Co Md</i>						
Mother's Maiden Name <i>Mary Shorter</i>	Mother's Birthplace <i>Annapolis</i>						
Name of person giving information <i>Edw Brown</i>			How related to deceased <i>Brother</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Accidental Burns</i>	How long	<i>16</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>Presumed</i>		Signature of Physician	<i>Wm S Welch</i>
		Address	<i>Annapolis</i>
Accident or Suicide? <i>Accident</i>			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

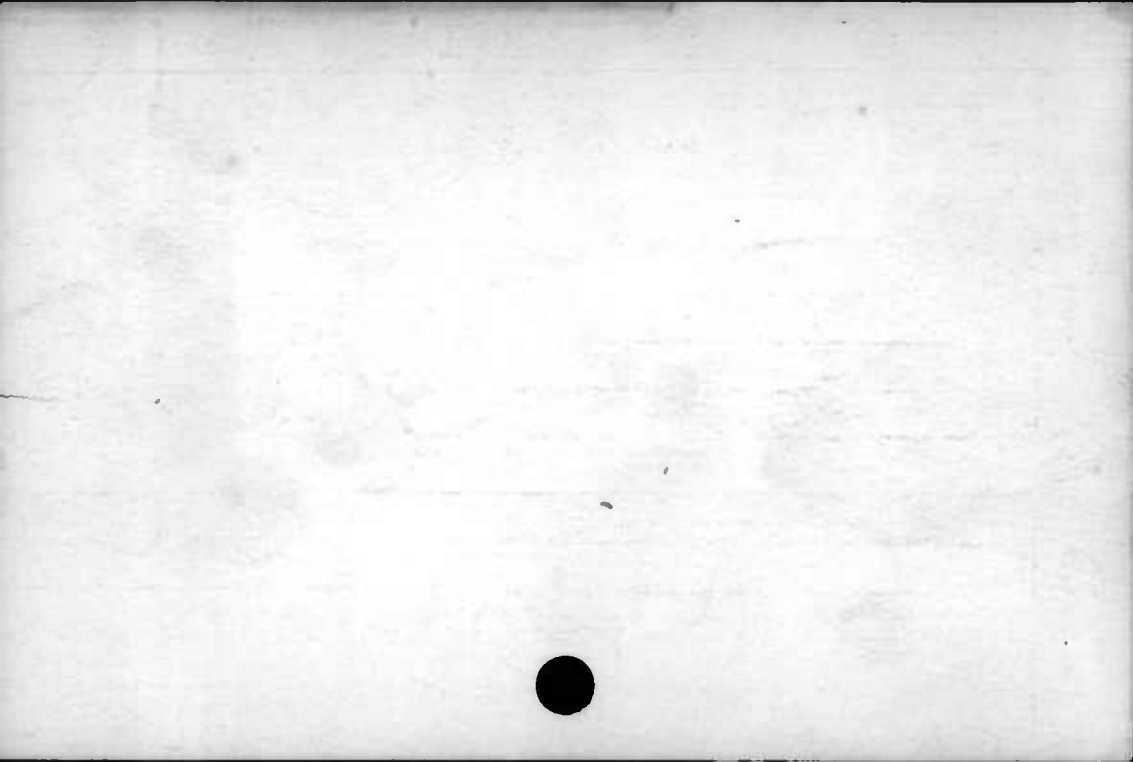
MARYLAND

Died at <i>Annapolis</i>		Town <i>Annapolis</i>		County <i>A. T. Co.</i>	
Date of death	<i>1905</i>	Month <i>February</i>	Day <i>16th</i>	Age <i>20</i>	Months <i>11</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>A. T. Co.</i>		
Occupation <i> stenographer</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband			
Father's Name <i>Mr. Blevins</i>		Father's Birthplace <i>(10)</i>			
Mother's Maiden Name <i>Miss Beach</i>		Mother's Birthplace <i>(14)</i>			
Name of person giving information <i>Mr. Blevins</i>		How related to deceased <i>father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Influenza</i>	How long <i>Week</i>
Immediate <i>Pneumonia</i>	How long <i>4 or 5 Hrs</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Dr. J. B. Jones</i>
	Address <i>Ann Arbor</i>
Accident or Suicide?	



Name
in
Full

Keller Louisa Yochel

CERTIFICATE OF DEATH

Died at <u>Benford</u> ^{Town}		<u>Anne Arundel</u> ^{County}		MARYLAND	
Date of death	1905	Month 2	Day 23	Age 15	Years 5
Sex	Female	Color or Race	White	Birth-place	A. D. Co. Md
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	George Yochel			Father's Birthplace	Germany
Mother's Maiden Name	Mary J. Creager			Mother's Birthplace	Md
Name of person giving information	B. J. Williams			How related to deceased	None

CAUSES OF DEATH

Primary	Stomach Phthisis	How long	18 mos-
Immediate	Heart-failure-Phthisis	How long	24 mo-
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	H. B. Shaw M.D.
		Address	Millersville Md
Accident or Suicide?			

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

